

Foster Family Home - Corrective Action Report

Provider ID: 1-509391

Home Name: Remedios Corpuz, CNA

Review ID: 1-509391-4

634-E North Vineyard Blvd.

Reviewer: David Ayling

Honolulu

HI 96817

Begin Date: 6/24/2019

Foster Family Home

Required Certificate


[11-800-6]

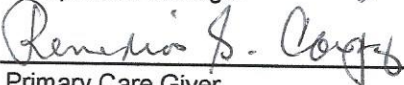
6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home inspection for a 2 person CCFFH recertification made on 6/24/19.

6.(d)(1) - Home is in compliance with all requirements. Home will receive a 2 bed certification.


Compliance Manager


Primary Care Giver

6/24/19
Date

6/24/19
Date